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P.O. Box 1920
Denver, Colorado 80201-1920

ATTORNEY DOCKET NO. 70031106-1

JAN 23 2006

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventor(s): Ch'ng, et al

Serial No.: 10/829,494

Examiner: Wyatt, Kevin

Filing Date: April 21, 2004

Group Art Unit: 2878

Title: Absolute Encoder

COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria VA 22313-1450

TRANSMITTAL LETTER FOR RESPONSE/AMENDMENT

Sir:

Transmitted herewith is/are the following in the above-identified application:

- ☒ Response/Amendment ☐ Petition to extend time to respond
☐ New fee as calculated below ☐ Supplemental Declaration
☒ No additional fee (Address envelope to "Mail Stop Amendments")
☐ Other: (Fee \$_____)

CLAIMS AS AMENDED BY OTHER THAN A SMALL ENTITY						
(1) FOR	(2) CLAIMS REMAINING AFTER AMENDMENT	(3) NUMBER EXTRA	(4) HIGHEST NUMBER PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	(6) RATE	(7) ADDITIONAL FEES
TOTAL CLAIMS		MINUS		= 0	X 50	\$ 0
INDEP. CLAIMS		MINUS		= 0	X 200	\$ 0
<input type="checkbox"/> FIRST PRESENTATION OF A MULTIPLE DEPENDENT CLAIM					+ 360	\$ 0
EXTENSION FEE	1 ST MONTH 120.00 <input type="checkbox"/>	2 ND MONTH 450.00 <input type="checkbox"/>	3 RD MONTH 1020.00 <input type="checkbox"/>	4 TH MONTH 1590.00 <input type="checkbox"/>		\$ 0
OTHER FEES						\$ 0
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$ 0

Charge \$ 0 to Deposit Account 50-3718. At any time during the pendency of this application, please charge any fees required or credit any over payment to Deposit Account 50-3718 pursuant to 37 CFR 1.25. Additionally please charge any fees to Deposit Account 50-3718 under 37 CFR 1.16, 1.17, 1.19, 1.20 and 1.21. A duplicate copy of this transmittal letter is enclosed.

Respectfully submitted,

Ch'ng, et al

By

Calvin B. Ward
Attorney/Agent for Applicant(s)

I hereby certify that this paper is being facsimile transmitted to the Patent and Trademark Office on the date shown below:

Date of facsimile: January 23, 2006

Typed Name: Calvin B. Ward

Signature: _____

Reg. No. 30,896

Date: January 23, 2006

Telephone No. 925-855-0413

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TOTAL CLAIMS		MINUS		= 0	X 60	\$ 0
INDEP. CLAIMS		MINUS		= 0	X 200	\$ 0
<input type="checkbox"/> FIRST PRESENTATION OF A MULTIPLE DEPENDENT CLAIM					+ 360	\$ 0
EXTENSION FEE	1 ST MONTH 120.00 <input type="checkbox"/>	2 ND MONTH 450.00 <input type="checkbox"/>	3 RD MONTH 1020.00 <input type="checkbox"/>	4 TH MONTH 1590.00 <input type="checkbox"/>		\$ 0
OTHER FEES						\$ 0
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